MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

05302

CERTIFICATE OF DEATH

Reg. Dist. No. 960

1. PLACE OF DEATH:
County: Somerset
City or town: Mt Vernon, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Mt Vernon Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Hester Leatherbury Beach

3. (b) Social Security Number: 214-18-4842

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Black	Married

6.(b) Name of husband or wife: Tom Beach
6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): March 23, 1875

8. AGE: Years	Months	Days	If less than one day
70	1	23	hrs. min.

9. Birthplace: Mt Vernon, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Jacob Leatherbury
13. Birthplace: Mt Vernon, Md.
MOTHER 14. Maiden name: Annie Wright
15. Birthplace: Mt Vernon Md.
16. Informant: Richard Leatherbury
Address: Mt Vernon, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18, 1945 (month) (day) (year)
Cemetery or crematory: Mt Zion Cemetery
Location: Mt Vernon, Md.
18. Funeral director: Dale Marshall
Address: Princess Anne, Md.
19. May 22, 1945 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15th 1945, at 1:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15th 1945, to May 15th 1945 and that I last saw her alive on May 12th 1945

Immediate cause of death	DURATION
Chronic Myocarditis	9 months
Due to	
Due to	
Other conditions: Hypertension	18 months

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Edna G. Mansman M. D. or other
Address: Princess Anne, Md. Date signed: 5-17-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
MAY 23 1945
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05303

Reg. Dist. No. 269

1. PLACE OF DEATH:
County Somerset
City or town Monie Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Monie Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Henrietta Bozman

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife Roy Bozman
6.(c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) October 31, 1882

8. AGE: Years	Months	Days	If less than one day
62	6	4	hrs. min.

9. Birthplace Monie Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Asbury Laird
13. Birthplace Monie Md.
MOTHER 14. Maiden name Kizzie Davis
15. Birthplace Monie Md.
16. Informant Roy Bozman
Address Monie, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9 1945 (month) (day) (year)
Cemetery or crematory I. O. O. F.
Location Crisfield, Maryland
18. Funeral director Dale Dashiell
Address Princess Anne Md.
19. May 9 1945 (Date rec'd by registrar) Mrs S Bennett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1945, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Winch M. D. or other
Address Princess Anne Md. Date signed 5-7-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1530 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? About 30 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Beatrice Corbin

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Robert Corbin
6.(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): Feb 25 1907

8. AGE: Years	Months	Days	If less than one day
38	2	24	hrs. min.

9. Birthplace: ? ? Virginia
(Town, county, and state)
10. Usual occupation: Seafood worker
11. Industry or business

FATHER
12. Name: Clarence Bell
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Rachel McCready
15. Birthplace: Crisfield Md

16. Informant: Rachel McCready
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 22 1945 (month) (day) (year)
Cemetery or crematory: Branch cemetery
Location: Marion Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 5/21/45 (Date rec'd by registrar) 19 C. E. Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 19 45, at 7 4 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 10 19 45 to May 19 19 45 and that I last saw ... alive on May 18 19 45

Immediate cause of death	DURATION
Tuberculosis Pulmonary	
Due to: Pneumonia	
Due to: 2 years ago	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [illegible] M.D.
M. D. or other
Address: Crisfield Md Date signed: 5/21/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

T65315

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Jacksonville Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: Lillian M. Dize

3. (b) Social Security Number: none

4. Sex: female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Noah B. Dize
6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): March 28, 1876

8. AGE: Years: 69 Months: 1 Days: 22 If less than one day: hrs. min.

9. Birthplace: Crisfield, Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: George Daugherty
13. Birthplace: Md.

MOTHER
14. Maiden name: Olive Daugherty
15. Birthplace: Md.

16. Informant: A. Earl Dize
Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/22/45 (month) (day) (year)
Cemetery or crematory: Sunny Ridge
Location: Crisfield, Md.

18. Funeral director: Howard H. Hubbard
Address: 306 Main St., Crisfield, Md.

19. 5/22/45 (Date rec'd by registrar) 19 C. E. Collins, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20, 1945 19 at 1.30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 19 40, to May 20 19 45 and that I last saw h. C. alive on May 20 19 45

Immediate cause of death: Coronary thrombosis
Due to: Coronary Artery Disease
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. T. Somers M. D. or other
Address: Crisfield, Md Date signed: 5-22-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05472

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Diat. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Near P. Anne, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Princess Anne R.F.D. —

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Francis Fields

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6.(b) Name of husband or wife: Hermuga Fields

(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Don't know

8. AGE: Years	Months	Days	If less than one day
44			hrs. min.

9. Birthplace: Somerset (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business:

FATHER 12. Name: Geo. Hall

FATHER 13. Birthplace: Pr Anne. Md

MOTHER 14. Maiden name: Mary — (Don't know)

MOTHER 15. Birthplace: Md

16. Informant: Hermuga Fields

Address: Pr Anne. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 19 44 (month) (day) (year) 1945

Cemetery or crematory: John Wesley Cemetery

Location: Pr Anne Md

18. Funeral director: Dale Dashiell

Address: Princess Anne, Md.

19. Feb 4 1946 (Date rec'd by registrar) R. D. Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17th 1945 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Hypertension	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. Smith M. D. or other

Address: Pr Anne Md Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

05306

Reg. Dist. No. 260

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Somerset

City or town: New Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: N. J. County:

City or town: Moorestown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 822 E. Second St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Howard Wilkins Frith

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B.(b) Name of husband or wife:

B.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 4 17 24

8. AGE:

Years	Months	Days	If less than one day
21	1	9	hrs. min.

9. Birthplace: New Jersey (Town, county, and state)

10. Usual occupation: Mariner

11. Industry or business: U. S. Navy

FATHER

12. Name: Harry Frith

13. Birthplace: Not Known

MOTHER

14. Maiden name: Not Known

15. Birthplace: Not Known

16. Informant: Lt J. L. Wright

Address: NAAS Chincoteague Va

17. (Burial, cremation, or removal): Body turned over to Navy Officials. Still probably to be buried in New Jersey. Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director:

Address

19. (Date rec'd by Registrar) May 26 19 45 R. L. Johnson Registrar

LANKFORD MEDICAL EXAMINER Deputy Medical Examiner for Somerset County, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 19 45, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Injuries Multiple extreme	
Due to: Accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results: Internal Injuries

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 5/26/45

Where did injury occur? Near Furnace (City or town) and Wat (County) (State)

Injured at home, farm, Industry, public place (where?): Public Place

Means of injury: Probably Auto Injured at work? No

23. SIGNATURE: Henry M. Lankford M. D.

M. D. or other

Address: Date signed 5/26/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: Somerset
County
City or town: Fairmount
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70-7-13
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Fairmount
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Oliver S Ford

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Annie C Ford
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 4 1874

8. AGE: Years	Months	Days	If less than one day
70	7	13	..... hrs. ..... min.

9. Birthplace: Fairmount Somerset Maryland
(Town, county, and state)
10. Usual occupation: Retired Waterman
11. Industry or business

FATHER
12. Name: Chas. Thornton Ford
13. Birthplace: Fairmount Md

MOTHER
14. Maiden name: Mary Keimberly
15. Birthplace: Unknown

16. Informant: Wilbur Ford
Address: Fairmount Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 20 1945 (month) (day) (year)
Cemetery or crematory: Fairmount cemetery
Location: Fairmount Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. May 22 1945 (Date rec'd by registrar) R. D. Johnson M.D. Registrar
per d.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1945, at 2 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Bullet wound of head	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of 5/17/45
Where did injury occur? Fairmount (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury 45 Cal. Revolver Injured at work? No

23. SIGNATURE: Harry M. Caulford M.D.
M. D. or other
Address: Princess Anne Md Date signed 5/18/45

HARRY M. LANKFORD, M.D. Deputy Medical Examiner Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05308

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Unknown
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Maglena Horsey

3. (b) Social Security Number: 214-16-4442

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Chas P Horsey
6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Feb 15 1913

8. AGE: Years	Months	Days	If less than one day
32	3	0	hrs. min.

9. Birthplace: Deals Island Somerset Maryland
(Town, county, and state)
10. Usual occupation: Crabpicker
11. Industry or business: Seafood

FATHER
12. Name: Celius Carter
13. Birthplace: Deals Island Md

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Chas P Horsey
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18 1945 (month) (day) (year)
Cemetery or crematory: Deals Island Md
Location: Deals Island Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. May 17 1945 C E Collins M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1945 at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1945 to May 15 1945; and that I last saw deceased alive on May 15 1945. I have viewed the body after death.

	DURATION
Immediate cause of death: Acute Cardiac Embolism	
Due to: Arterio Sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: William H. Coulbourn, M. D.
Date of op. DEPUTY MEDICAL EXAMINER
Autopsy results: No FOR SOMERSET COUNTY, MD.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Natural Cause
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wm H Coulbourn M D
M. D., or other
Address: Crisfield Md Date signed: 5/16/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

1 053069

Reg. Diat. No. 261

1. PLACE OF DEATH: Somerset

County

City or town: Marion RUAL
(If nntside city or town limits, write RURAL and give nearest town)

How long in above place of death? 68

Hospital, Institution, or streel address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence nf mnther)

State: Md County: Somerset

City or town: Marion RUAL
(If outside city nr town limits, write RURAL and give nearest town)

Streel No.
(If rural, give LOCATION)

2.(a) If veleran, name war

3.(a) FULL NAME: Annie Eulalie Johnson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 15 1877

8. AGE: Years	Months	Days	If less than one day
68	3	11	..... hrs. ..... min.

9. Birthplace: Marion Somerset Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: William Johnson
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Mary Gibson
15. Birthplace: Fairmount Md

16. Informant: Mrs George Jones
Address: Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8 1945 (mnnth) (day) (year)
Cemetery or crematory: St Pauls cemetery
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 5/7 1945 Eurelia B. Lawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1945 at 2 30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 15 1945, to May 6 1945
and that I last saw h[illegible] alive on May 6 1945

Immediate cause of death	DURATION
Coronary Thrombosis	2 days
Due to:	
Chronic Nephritis	2 yrs
Other conditions	

(Include pregnancy within 3 mnnths of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please nederline the cause to which death shnuld be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City nr town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: George C Bradshaw M.D.
M. D. or other

Address: [illegible] Md Date signed May 7, 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19-a)

CERTIFICATE OF DEATH

D5310

Reg. Dist. No. 261

1. PLACE OF DEATH: Somerset
County
City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 da
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John Allen Johnson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 17 1945

8. AGE: Years	Months	Days	If less than one day
		13	hrs. min.

9. Birthplace: Marion Somerset Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: John A Johnson
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Sadie White
15. Birthplace: Deals Island Md

16. Informant: John A Johnson
Address: Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 31 1945 (month) (day) (year)
Cemetery or crematory: Wesley cemetery
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 5/31 1945 (Date rec'd by registrar) Aurelia P. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1945 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1945 to May 29 1945
and that I last saw him alive on May 28 1945

	DURATION
Immediate cause of death: Colitis	5/24/45
Due to: weakness + infection	to 5/29/45
Due to:	
Other conditions: Small baby	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. J. Barkley M. D.
M. D. or other
Address: Crisfield Date signed 5/30/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23a)

CERTIFICATE OF DEATH

05311

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Princess anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Princess anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Harry Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 4 - 1908

8. AGE:

Years	Months	Days	If less than one day
36	10	12	..... hrs. ..... min.

9. Birthplace: Princess anne Somerset Co Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: John Samuel Jones

13. Birthplace: Princess anne somerset co

MOTHER

14. Maiden name: Mandy Curtis

15. Birthplace: Princess anne somerset co

16. Informant: Mary Doane

Address: Princess anne md.

17. burial (Burial, cremation, or removal. Which?) Date thereof May 20 1945 (month) (day) (year)

Cemetery or crematory: Green wood

Location: Princess anne md.

18. Funeral director: Elas H Ward

Address: marion somerset co md

19. May 19 1945 (Date rec'd by registrar) R. L. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16th 1945, at 11:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15th 1945, to May 16th 1945

and that I last saw h... alive on May 16th 1945

Immediate cause of death: Cerebral Haemorrhage — Duration: 8 hrs

Due to: Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Edna G. Mansman M. D. or other

Address: Princess Anne Md. Date signed 5-18-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

705312

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Miles

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Divorce

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 18-1901

8. AGE: Years	Months	Days	If less than one day
44	3	29	hrs. min.

9. Birthplace: Marion Somerset Co Md (Town, county, and state)

10. Usual occupation: seafood work

11. Industry or business

FATHER 12. Name: John Dawson

13. Birthplace: Marion Somerset Co Md

MOTHER 14. Maiden name: Elasa Johnson

15. Birthplace: Marion Somerset Co Md

16. Informant: George Miles

Address: Crisfield Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 20-1945 (month) (day) (year)

Cemetery or crematory: Wesley

Location: Marion Md

18. Funeral director: Chas H Ward

Address: Marion Md

19. 5/19/45 19 (Date rec'd by registrar) C. E. Collins, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 19 45, at 1230 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 45, to May 17 19 45

and that I last saw her alive on May 16 19 45

Immediate cause of death	DURATION
Acute Dilatation Heart	2 days
Due to: Bronchial Pneumonia	3 days
Due to: Influenza	2 weeks
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Emory A Collins M. D. or other

Address: Marion Md Date signed: May 18 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

05313

CERTIFICATE OF DEATH

Reg. Diat. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Mt Vernon

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infanta give residence of mother)

State: Maryland County: Somerset

City or town: Mt Vernon, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lucy E. Pritchett

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Straughn Pritchett

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): March 25, 1875

8. AGE: Years	Months	Days	If less than one day
70	1	22	hrs. min.

9. Birthplace: Mt Vernon Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Columbus Maddox

13. Birthplace: Mt Vernon, Md.

MOTHER — 14. Maiden name: Alphonsa Summers

15. Birthplace: Mt Vernon, Md

16. Informant: Mrs Joe Bounds

Address: Mt Vernon, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 19, 1945 (month) (day) (year)

Cemetery or crematory: Episcopal Cemetery

Location: Mt Vernon, Md.

18. Funeral director: Dale Waddell

Address: Princess Anne, Md.

19. May 22 19 45 (Date rec'd by registrar) R. L. Johnson, M.D. Registrar Reg. L.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 19 45 at 6:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 2 19 45 to May 17 19 45

and that I last saw h... alive on May 16 19 45

Immediate cause of death	DURATION
Coronary Occlusion	1 wk
Due to: Arteriosclerosis	
Heart Disease	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank Matthews M.D.

M. D. or other

Address: Princess Anne Date signed: May 18

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

05314 T

Reg. Diat. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Westover, Md. R.F.D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Westover R.F.D. Maryland County Somerset
City or town Westover R.F.D. #1 Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sarah Elmer Francis Tunnell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Colored	Married

6.(b) Name of husband or wife Elmer M. Tunnell
6.(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) September 5, 1902

8. AGE: Years	Months	Days	If less than one day
43	8	9	hrs. min.

9. Birthplace Somerset County (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Isaac H. White
13. Birthplace Somerset County
MOTHER 14. Maiden name Lucinda Collier
15. Birthplace Somerset County
16. Informant Elmer M. Tunnell
Address Westover, Md. R.F.D. #1
17. Burial (Burial, cremation, or removal/Which?) Date thereof 5-17-45 (month) (day) (year)
Cemetery or crematory St Paul
Location Revell Neck, Md.
18. Funeral director William James & Son
Address Princess Anne, Md.
19. May 15, 19 45 (Date rec'd by registrar) R. V. Johnson M.D Registrar Pend.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 19 45 at 12:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19.....
and that I last saw h.... alive on ..... 19....

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Dental Medical Examiner Drew M. Lankford M.D. M. D. or other
Address Princess Anne Md Date signed 5/15/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

T 05315

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Somerset
County
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? McCready Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 214 Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: Clarence L. Rowley

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 10, 1883

8. AGE: Years	Months	Days	If less than one day
62	1	10	..... hrs. ..... min.

9. Birthplace: ~~XXXXXXX~~ Md.
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Self

FATHER
12. Name: John A. Rowley
13. Birthplace: Md.

MOTHER
14. Maiden name: Elizabeth Robins
15. Birthplace: Va.

16. Informant: Mrs. Luke Lowe
Address: Crisfield, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 5/23/45

Cemetery or crematory: Sunny Ridge
Location: Crisfield, Md.

18. Funeral director: Howard H. Hubbard
Address: 306 Main St., Crisfield, Md.

19. 5/23/45 (Date rec'd by registrar) 19 ..... C. E. Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20, 1945, 19..., at 6:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10, 19 45, to May 20, 19 45, and that I last saw h... alive on May 20, 19 45

Immediate cause of death	DURATION
Arteriosclerosis	2 Mo.
Due to	
Due to	
Other conditions: Bronchial Pneumonia	1

Duration: One month, Cor. & R.
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Samuel M. Peyton M.D.
M. D. or other
Address: Crisfield, Md. Date signed May 23 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B3a)

CERTIFICATE OF DEATH

F 05316

Reg. Dist. No. 461

1. PLACE OF DEATH:

County: Somerset

City or town: Marion Sta.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Marion

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Upshur Sterling

3.(b) Social Security Number: 214-03-5847

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed

B.(b) Name of husband or wife: Lillian Sterling

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 30 - 1876

8. AGE: Years: 68 | Months: 11 | Days: 23 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Marion Somerset Co Md.
(Town, county, and state)

10. Usual occupation: Farming & seafood work

11. Industry or business: ##

FATHER

12. Name: Hiram Sterling

13. Birthplace: Marion Sta Somerset Co Md

MOTHER

14. Maiden name: Mary Ellen Hasser

15. Birthplace: Marion Somerset Co Md

1B. Informant: Ethel Frances Borden

Address: Marion Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 27 1945 (month) (day) (year)

Cemetery or crematory: Branch

Location: Marion Md.

1B. Funeral director: Char H Ward

Address: Marion Md.

19. 5/26 1945 (Date rec'd by registrar) Cordia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/23 1945, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1945, to May 23 1945

and that I last saw him alive on May 23 1945

Immediate cause of death: Paralysis of left side of body

Due to: Cerebral Hemorrhage

	DURATION
	5/22/45
	5/23/45

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. J. Buckley M.D.

M. D. or other

Address: Crisfield Date signed: 5/24/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (mc)

CERTIFICATE OF DEATH

T 05317

Reg. Dist. No. 270

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: McCready Memorial Hospital
How long in hospital or institution? 1 hr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Betty Ann Thomas

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 29 1943

8. AGE: Years	Months	Days	If less than one day
1	11	16	..... hrs. ..... min.

9. Birthplace: Baltimore City, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Harvey Thomas
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Elizabeth Daugherty
15. Birthplace: Crisfield Md

16. Informant: Harvey Thomas
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18 1945 (month) (day) (year)
Cemetery or crematory: Crisfield cemetery
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. May 17 19 45 C E Collins M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1945 at 9 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when I arrived to ..... 19.....
and that I last saw ... alive on ..... 19.....
Immediate cause of death: Fractured Skull & Broken Neck
Due to: Automobile accidentally backed over & passed over Deceased
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings of operations
Autopsy results: No

DURATION

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.
Date of

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident 5/15/45
Where did injury occur? (City or town) Crisfield (County) Somerset (State) Md
Injured at home, farm, industry, public place (where?) Home
Means of injury: Hit Backed (Injured while) Working

23. SIGNATURE: Harry Thomas M.D.
M. D. or other
Address: Crisfield Md Date signed 5/16/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05318

CERTIFICATE OF DEATH

Reg. Diat. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Fairmount Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Addie M. Walston

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife Robert H. Walston
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 16, 1886

8. AGE:

Years	Months	Days	If less than one day
59	11	20	..... hrs. ..... min.

9. Birthplace Rumbley Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name of father Isaac Hurley
13. Birthplace of father Rumbley, Md.
14. Maiden name of mother Mamie Hurley
15. Birthplace of mother Rumbley Md.
16. Informant George Walston
Address Princess Anne Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9, 1945 (month) (day) (year)
Cemetery or crematory Fairmount Cemetery
Location Fairmount Maryland
18. Funeral director Dale Nashield
Address Princess Anne Md.
19. May 9, 1945 (Date rec'd by registrar) K. V. Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1945, at 9:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE R. Hurley M. D. or other
Address Princess Anne Md. Date signed 5/7/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

05319

Reg. Dist. No. 268

1. PLACE OF DEATH: County Somerset

City or town Dames Quarter Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Dames Quarter md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Alma White

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Blk	Married

6.(b) Name of husband ~~or wife~~ Major White

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
56	—	—	..... hrs. ..... min.

9. Birthplace White Stone Va

(Town, county, and state)

10. Usual occupation Housedueter

11. Industry or business "

FATHER 12. Name Jerry Lee

13. Birthplace Virginia

MOTHER 14. Maiden name Willie Baker

15. Birthplace Virginia

16. Informant Major White

Address Dames Quarter Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 11th (month) (day) 1945 (year)

Cemetery or crematory Dames Quarter M.E.

Location Dames Quarter Md

18. Funeral director Ethel Ebaler

Address Deal Island Md

19. May 11th 1945 (Date received by registrar) Rona Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1945 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20th 1943, to May 6th 1945

and that I last saw h.er alive on May 6th 1945

Immediate cause of death	DURATION
Chronic Myocarditis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon G. Marshman M. D. or other

Address Princess Anne Md Date signed 5.8.45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2-D)

105320

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Venton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? dont know

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Venton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, gives LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Betey Ellen White

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	col	widower

6.(b) Name of husband or wife: James White

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): on known

8. AGE:

Years	Months	Days	If less than one day
on known			hrs. min.

9. Birthplace: venton somerset co md.

(Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER

12. Name: James Smith

13. Birthplace: somerset co md

MOTHER

14. Maiden name: on known

15. Birthplace

16. Informant: Agustus White

Address: venton md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 20 1945 (month) (day) (year)

Cemetery or crematory: venton

Location: venton md.

18. Funeral director: Chas H Wood

Address: marion md.

19. May 19 1945 (Date rec'd by registrar) R L Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16th 1945, at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and thet I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Coma	
Myocardial Dis	
Due to: Arterio Sclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P Smith M. D. or other

Address: Princess Anne Md Date signed: 7/18/45